



# Team Leader Assistant Training Manual

Name of Employee: _	
Date of Training: Trainers Name:	

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Edition 2015

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## Job Role - Trainee Team Leader Assistant

The purpose of the role is to support Team Leader to facilitate the achievement of business objectives in line with best practice and to obtain new skills. You are required to keep up to date with the Badger policies & procedures. Support and communicate effectively with people of all levels and work proactively for the good of the <u>company</u>.

You will act as the first point of contact and resolve routine/technical enquiries from internal staff and external sources, face to face and telephone. Recognise and provide employee coaching and assistance.

You must be able to effectively problem solve, make decisions, multi-task, prioritise issues that you face. As a TL/TLA you need to be approachable and have a good knowledge of Badger in order for you to carry out your role. Your role will require you effectively using problem solving and decision making skills.

#### **Team Work**

It is very important that a Team Leader and a Team Leader Assistant are team players. If this was not to happen the following would be affected

- Communication
- Work flow
- Productivity
- Team spirit

Team work is essential; we are all working towards the same goal, at Badger patient care comes first.

## **Team Leading Styles**

A leadership style is a leader's style of providing direction, implementing plans, and motivating people. There are many different leadership styles. These include:

Managers and Leaders are not the same thing, but there will often be an overlap between the two groups. Management is a position of authority created within an organisation whereas leadership is a personal skill that can be possessed by anyone.

#### Managers perform functions including: Leaders perform functions including: Setting objectives A vision of the direction in which the Organising how work is to be done organisation should move Innovative ideas as to how the Commanding, coordinating and communicating with others who do objective might be achieved The commitment and dedication to the work follow their ideas through Developing and motivating, to bring out the best in others The ability, self-belief and personal qualities to gain the support of others Measuring and evaluating the achievement of objectives.

Managers can adopt very different styles and methods in the way they seek to lead others. They range from authoritarian to laissez-faire.

#### Authoritarian

With an authoritarian style (also known as 'autocratic') style of leadership, the leader takes all decisions by themselves. Staff members are told what to do and are closely controlled in the way they do it. Autocratic leaders do not seek the opinion of others; they know what direction they want to go in. Within organisations, the authoritarian style of management tends to be seen where a crisis situation demand it or where its suits a leaders dominant personality. But it can cause problems when the dominance of the leader overshadows the ability of ideas of others, leaving the workers feeling ignored, resentful and demotivated.

#### Paternalistic

A Paternalistic leadership is where the leaders seek to do what is best for his or her staff members. In many respects, this is similar to an autocratic style – decisions will be taken by the leader alone and then enforced. However, the emphasis is different. There is likely to be an element of consultation, when the leader listens to the views of others before reaching a decision. The decision is then made, taking into account the needs and views of the workforce. Finally, rather than just commanding others to implement the decision, the paternalistic leader will seek to persuade the workforce that the decision is in the best interests. The danger of this approach is that a 'them and us' attitude persists. Managers and workers remain divided and suspicious of each other.

#### Democratic

The word 'democratic' means that decisions are taken by the people and for the people. A democratic management style is characterised by allowing workers to play a full part in the decision-making. This may be achieved through:

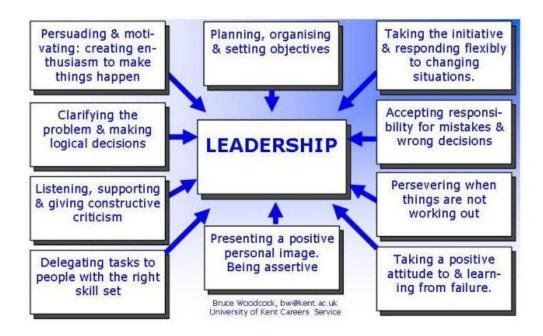
- Participation staff involvement in suggestion schemes
- Management by objectives agreement between the leader and the workers on what their goals should be

 Autonomous team working – empowering groups of workers to take wideranging decisions about their own working environment. Managers seek to 'coach' teams to be successful, rather than to dominate.

The aim of democratic management is to remove the 'them and us' distinction between managers and workers and to replace it with a single status culture in which all employees are treated the same. Practical changes to working conditions may be made to reinforce the 'single status' message, such as having the same uniform, canteen or car park for all managers and employees.

#### Laissez-Faire

Laissez-faire literally means 'let it be'. The laissez-faire style of management is one in which managers leave employees to get on with their own work with little or no interference. Broad aims and guidelines may be established, but the day-to-day role of the manager will be limited. Workers may enjoy the freedom, and respond to taking responsibility and showing creativity. However, others may feel aimless or take the opportunity to slack.



There is no single best style of leadership. Every one of the above has proved successful and disastrous. The factors affecting a leadership style could be and relate to:

- Leaders' personality a particular style of leadership reflects the leaders' personality.
- Skills and abilities whether a leaders' style proves successful will depend on the leader's experience. An autocrat will need to win the respect and loyalty of the workforce; a democrat will need to create a consensus out of very different opinions.
- Type of task where a task is technically complex a skilled knowledgeable leader is likely to dominate. Where a task is easily mastered, a laissez-faire approach can be successful.
- Kind of workforce if a workforce is lazy, unskilled and unwilling to take responsibility
  a more autocratic style could be the only way to get results. On the other hand, a
  highly trained, motivated and ambitious workforce would feel restricted and
  undervalued by the same autocrat.

## Handover

At the beginning and end of each shift the TL should give a verbal handover of any situations that has arisen that may affect the next shift.

- All problems they have reported and what action has been taken,
  - Staff cancellation or expected lateness
  - Text message sent due to shortness of staff,
  - Outstanding shifts on the rota which may have an impact on the next shift and what has been done so far to help resolve the situation
  - o Any I.T or telephony issues
  - Any cases which may be of concern
- Print off attendance sheet so they can see what shifts have been affected and who
  has cancelled.

As a Team Leader Assistant you should also handover to the next TLA if there is one on the rota. This may include the information above and any other issues that may have arisen while you have been on shift.

## **Monitoring the Case Streaming Screen**

Once the call handler has stored a call, it will go to case streaming ready for a clinician to decide what the best course of action is. This is why it is important that the call handlers document the answers to the six key questions.

- 1. What's wrong
- 2. How long
- 3. Any meds taken
- 4. Past medical history
- 5. Regular meds
- 6. Seen own GP

The call will be case streamed to either:

- Advice (assessment pool)
- Primary Care Centre (despatch screen)
- Walk in centre (despatch screen)
- 999 (despatch screen)
- A & E (despatch screen)
- Dentist (despatch screen)

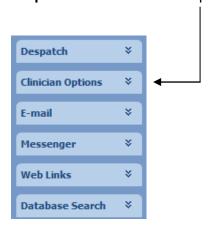
The calls should be dealt with in case streaming as quickly as possible. The clock is ticking for the NQR's once the call has been stored, the quicker the call is actioned the better for the patient care and assurance that the calls do not breach.

#### For example:

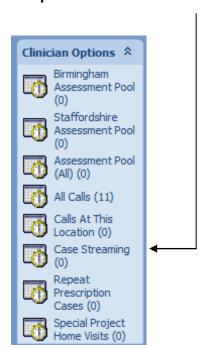
An urgent call is in case streaming at 14:00. There are 20 minutes until we breach, if a call is in case streaming for 10 minutes that only leaves 10 minutes for the call to be dealt with in the assessment pool.

To check the calls in case streaming:

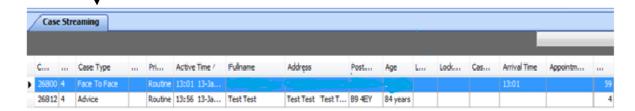
Step 1: Click on Clinicians Options



Step 2: Click on Case Streaming



You will now be presented with the cases which are waiting to be case streamed by a clinician.



On each shift a clinician is selected to case stream. If the clinician is dealing with a case there is a chance the cases may start to back up. If the case streaming screen starts to fill up you should politely ask an additional clinician to assist.

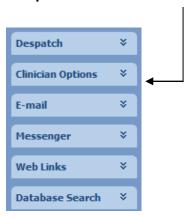
Notes:		

## **Monitoring the Assessment Pool**

Once a case has been case streamed to advice it will go in to the assessment pool. A clinician will click into the cases in order of priority and time. When monitoring the pool you are looking for the following:

- That cases are being dealt with in accordance to the NQR's (Routine-60mins, Urgent)
- To ensure the cases are being dealt with in order
- To ensure cases are not being cherry picked (Doctors just selecting cases, ANPs will have a criteria of which they will have to follow so they may be selecting cases further down the list)
- Older cases are investigated to check if the number is e.g. no longer engaged, the number is correct. If you contact the patient put the call through to an available clinician or advise the pt they will receive a call shortly.

Step 1: Click on Clinicians Options



27119 4

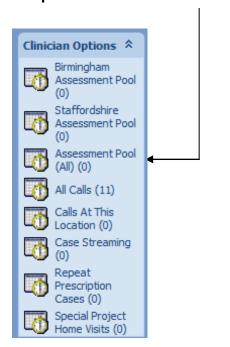
Advice

Routine 08:05 14-Ja...

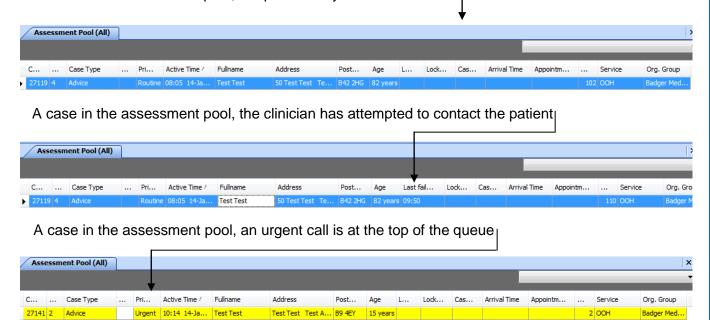
Test Test

50 Test Test Te...

Step 2: Click on Assessment Pool (All)



A case in the assessment pool, the pt has not yet been contacted



B42 2HG 82 years 09:50

131 OOH

If the assessment pool starts to get busy you should do the following:

- Check that all the clinicians within the call centre are dealing with cases, if they are not highlight to them that the calls are building up.
- Check the case tracking screen as explained on page 12. If the centres are quiet and have capacity you should contact the clinician on messenger politely asking them to assist with the telephone triage.

Remember: the NQR'S:

Routine advice 60mins
Routine TC 6 hours
Urgent advice 20mins
Urgent TC 2 hours

Depending on the capacity at the centres you could advise the following:

- One clinician to see patients, another to telephone triage
- Alternate: See one patient, telephone triage one patient

Notes:	

## **Monitoring the Despatching Screen**

Once a case has been case streamed to the Despatching screen the allocated despatcher will need to contact the patient to advise them of the clinical decision. This will be one of the following:

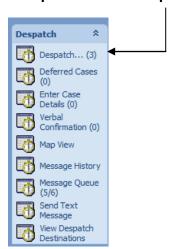
- Primary Care Centre (PCC)
- Walk in Centre (W.I.C)
- Accident and Emergency (A&E)
- 999
- Dentist

The allocated despatcher is primarily responsible for the despatching. During the operational periods when the PCC's are open the centre receptionist will aim to despatch the calls for their own individual centres. While monitoring the activity in the despatching screen if you see the screen filling up you should delegate to the call handlers, ask them to assist with the despatching while they are not taking calls.

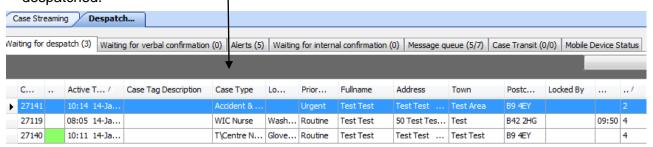
Step 1: Click on Despatch



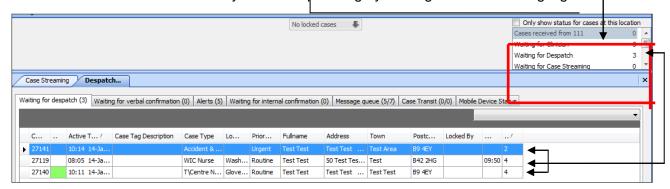
Step 2: Click on Despatching



On you have clicked on despatching, the screen will show the cases waiting to be despatched.



You can also monitor the activity in the despatching by looking at the screen highlighted.



The number of cases waiting to be despatched

## **Monitoring Calls in Case Tracking (All Locations)**

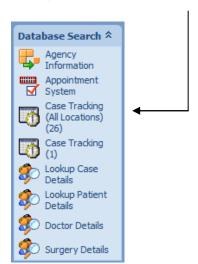
Case tracking all locations is the screen where all the live cases on the system can be seen. This screen would be used for the following reasons:

- to monitor the Primary Care Centre activity
- to monitor the older calls for patients who have not arrived at the PCC

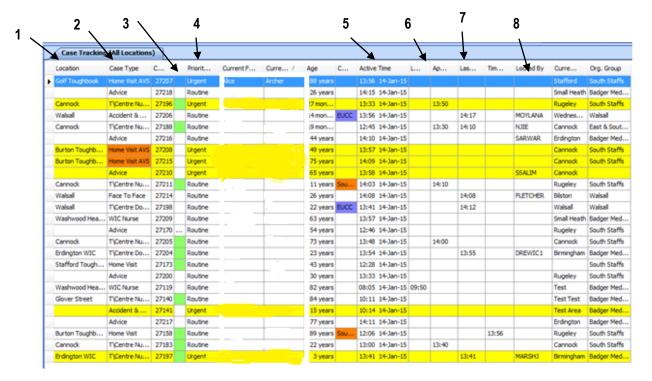
Step 1: Click on Database Search



Step 2: Click on Case Tracking (All Locations)



Once you have clicked on Case Tracking (all locations) you will then be presented with the following screen.



Case Tracking Screen Explained:

**1. Location:** Where the case is or is going to be despatched to, this could be the name of the PCC, W.I.C name of the toughbook.

- **2.** Case Type: what action/decision has been made for the patient, this could be Home visit, T Centre, Accident & Emergency, Advice, WIC Nurse, 999.
- **3. Performance Status:** This identifies the level at which the Active Performance Management system is for the case.

Green - Signifies the case is within the criteria

Amber -Signifies that the case is starting to get close to its target deadline

**Red-** Signifies that the case is about to reach its" target deadline and is in danger of failing against the criteria

**Black-** Signifies that the target has been exceeded and the case has failed to meet the performance criteria.

4. Priority: This will be identified as Routine or Urgent.

Routine advice 60mins
Routine TC 6 hours
Urgent advice 20mins
Urgent TC 2 hours

- **5. Active Time:** This is showing the time the case was first logged.
- **6. Appointment Time:** We do not give patient specific times to attend the centre, this column helps to identify when the case has been despatched and the patient is expected.
- 7. Last PCC Arrival: This is showing the patient has arrived at the centre
- **8.** Locked by: This identifies if a clinician or call handler/receptionist is dealing with the case.

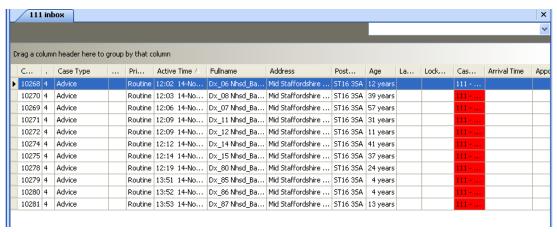
Notes:	

## Monitoring the 111 Inbox

The purpose for monitoring the 111 Inbox is to ensure the screen does not build up and to ensure the patient waiting time does not increase unnecessarily. The quicker the case is checked and put through to case streaming the better it is for the patient waiting to be contacted.

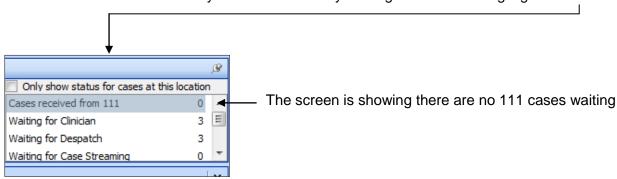
**Remember** the patient has already contacted 111 and they are waiting for a call back. They may be feeling anxious, their condition could be deteriorating and they may be confused as to what they are actually waiting for.

The screen shot below shows eleven cases waiting to be checked and put through to the next screen by the 111 Inbox despatcher.



If the screen does start to build up you should advise all call handlers to assist while not taking calls.

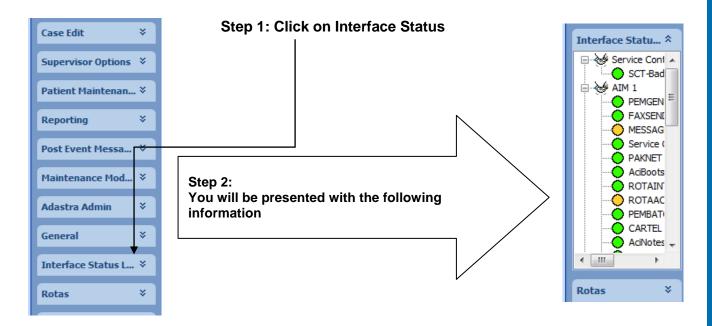
You can also monitor the activity in the 111 Inbox by looking at the screen highlighted below



Notes:			

## **Interface Status**

The interface status is a visual tool to show that services are running correctly within Adastra



- If all services are green then everything is ok
- If the light turns yellow then it means that the service is busy and processing information. It will change green once the operation has been completed
- If it is red this means that the service is down and they will need to ring Adastra

Notes:	

## **Lock Manager**

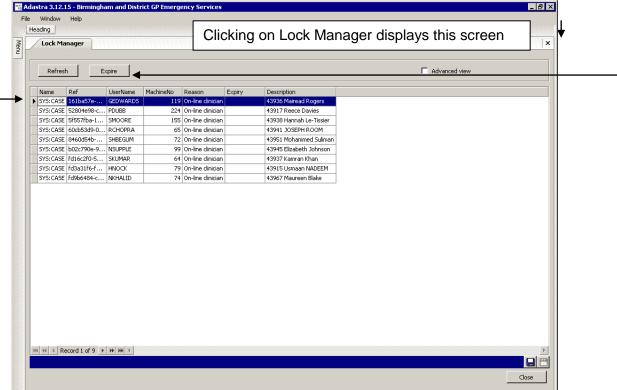
**Lock Manager** – allows Team Leaders and other staff with appropriate user rights to see who has locked calls within the system and optionally to clear the locks. This feature will allow you the ability to unlock a case that has been left locked after hardware failure or network disconnection.

Step2: Click on Lock Manager

From Adastra V3 open the menu bar called [Case Edit]

Step 1: Click on Case Edit





In the screenshot above, we can see call number 43936 is currently locked by user GEDWARDS.

The description field shows the call number and patient name. To unlock a call, highlight the call in question and using the **[Expire]** button you can unlock the call and allow the call to be edited by another user.

The Refresh button updates the calls locked list, however, the system will automatically update the list every 40 seconds or so.

## Unlock User/Re-set Adastra Password

There will be occasions when a clinician or a member of non clinical staff will forget their passwords to access Adastra. The following steps should be followed to reset the password.

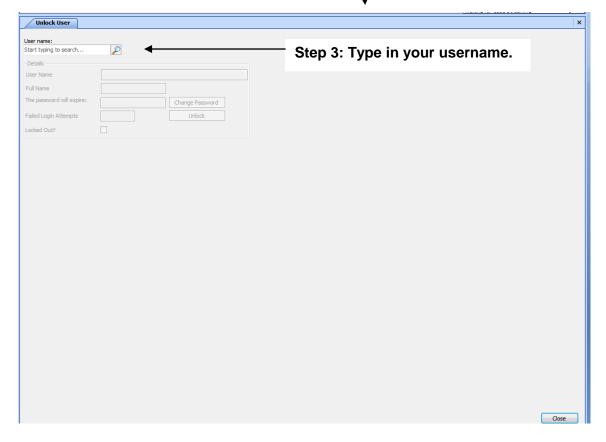
Step 1: Click on Case Edit

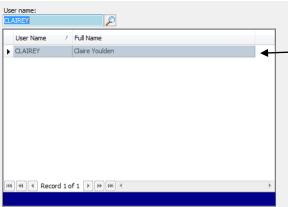


Step 2: Click on Unlock User



You will then be presented with the following screen  $\ _{\perp}$ 

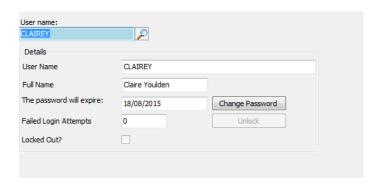




**Step 4: Select the correct name from the list** 

The following information will now be populated:

- Username
- Full Name
- When the password will expire
- Option to change password
- Failed Login Attempts
- Locked Out?



## Next:

- Click on change password
- Type in :password1
- Confirm password
- If there is a tick in the Locked Out box- untick
- You can now click close
- The user then can log on and change their password to a more suitable password that they will remember.

Notes:	

## **Changing the Backup Tape**

PLEASE NOTE THE FOLLOWING IS TO BE CARRIED OUT IN THE MORNING ON SATURDAYS, SUNDAYS & BANK HOLIDAYS.

Adastra recommends that all data on our systems are backed up every day. This includes not only Adastra product data, but also user files, exchange, plain healthcare, Rotamaster etc. To give the best chance of a successful recovery of data, in the event of a file being inadvertently deleted or more serious disaster Adastra suggests a daily backup the day before.

### Step 1

All the tapes are kept within a fireproof /waterproof safe within the Technical Room. People who are issued with the safe key are the IT department and the Call Centre Managers. On opening the safe select the tape which is needed to be run and close the safe. The tapes are stored vertically in a dry area away from the server, so in case of an evacuation they are easy accessible. They are kept away from any form of electrical/magnetic interference, such as power leads, electric fans, mobile phone etc.





#### Step 2

The server room key is kept with the IT Department or with the receptionist. If the key is requested by a member of staff for the server room keys must be signed out. The receptionist is aware of the people who can do this backup and can deny access to people. Unauthorised access to the server room is not permitted so only a few members of staff have been trained to run this task. On opening the server room, you will need to unlock the cabinet on the right hand side. The backup is located half way down the cabinet.





#### Step 3

Although the tape ejected automatically, after backups have been completed this is a good indication that the process is working correctly. Emails have been setup within the Badger house After the backups are complete, an e-mail is generated and sent by backup exec and received by local IT team who can monitor the status of individual backups and if the process is successful. If the backups fail the process is restarted ensuring backups are successful. Remove the tape which is already been ejected and store in the correctly dated cassette and insert the new backup tape in.





**Step 4**Insure the cage is relocked and lock the server room door on departure. If the server room key were given by the receptionist the member of staff must sign the keys back in.





Step 5

Insure the tape is put directly in the safe straight away to insure they are not dropped, damaged or even misplaced.





## **Cleaning tape**

The tape drive has a number of lights on the front panel. When the device needs to be cleaned thoroughly each week it will display the cleaning light, this is a red R on the front panel. If the light is displayed we would insert the cleaning tape and leave for about 15 minutes, when it is finished it will be automatically ejected and the light will be gone. The Tape drives are cleaned weekly and the cleaning tapes are changed on a monthly basis. The purpose of this is so that data is correctly copied on without any imperfections on the magnetic tape.



Notes:		

## NQR's

## What are they?

NQRs are short for 'National Quality Requirements'. They are set out by the Department of Health and are expectations of all providers of out-of-hours (OOH) care.

Primary care trusts (PCTs) are legally obliged to commission a service that meets these quality requirements

## **Active Performance Management Overview**

The Active Performance Management functionality enables performance indicators to be set against cases, based on case type and/or priority. The criteria for the performance indicators are based on the National Quality Requirements in the Department of Health Standards. Users are then able to visually gauge whether they are meeting their set targets and determine whether the case is coming up to breaching the NQR"s

Badger reports to each CCG that commissions our service on our compliance with the requirements.

All together there are 13 NQRs. Each all set to ensure variety of standards, ranging from the best patient experience within a set timeframe, to the way in which we communicate our information.

Attainment of NQR's is essential to Badger. PCTs commission us to carry their out-of-hours service for a set contract length. Towards the end of the contract PCTs will put their contract out to tender; this means that other out-of-hours providers can potentially bid for this new contract. Therefore, being able to demonstrate out attainment of NQRs secures Badger's existing business and makes us attractive for any new opportunities available.

## What are the most relevant NQRs to me and how can I help achieve them?

Home Visit	60 minutes	30	45	60
Emergency				
Home Visit	120 minutes	60	90	120
Urgent				
Home Visit	360 minutes	180	270	360
Routine				

NQR9 Face-to-face consultations (Whether in a centre on in the patients place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed:

Emergency: Within 1 hourUrgent: Within 2 hours

• Routine: Within 6 hours

Again on first glance, you could think that this NQR is only applicable to the Clinicians. In-fact it involves everyone from Team Leaders, Despatchers, Treatment Centre Receptionists and Drivers. This has a wide reaching requirement in order to achieve it, some of these include: Please see following page.

- Checking despatch, not only for your own centre, but for all centres/areas
- Communicating effectively with the duty Team Leader to ensure rapid remedial action is taken for any delaying situations
- Ensuring all calls placed into despatch are processed promptly and do not sit in despatch for
- too long
- Liaising between each Treatment Centre and the Call Centre to advise of any backlog in order to redistribute patients to quieter centre or
- relocate clinicians to meet demand
- Being aware of and logging any patient attributable delay
- · Despatchers letting drivers know how much time elapsed/left for that
- individual case
- Despatching prioritising urgent, and perhaps using what seems an illogical route
- Drivers and Despatchers working closely to share best practise and local knowledge

#### What are Breaches?

Breaches are simply any individual calls/cases where we don't attain a particular NQR within the given timescales. This is called 'compliance'. PCTs expect us to be 100% compliant in a number of areas. There are various percentages that could deem Badger to be fully compliant, partially compliant or non-compliant in any particular NQR. For yourselves, you have a paramount role to play in our compliance in a great number of NQR's particularly the ones listed in this document.

An example of a breach: an urgent advice call that is taken at 14:22, is triaged by a clinician, requires a home visit, however, is not despatched to a car until 16:00 that day. The car arrived at the patient's home at 16:30.

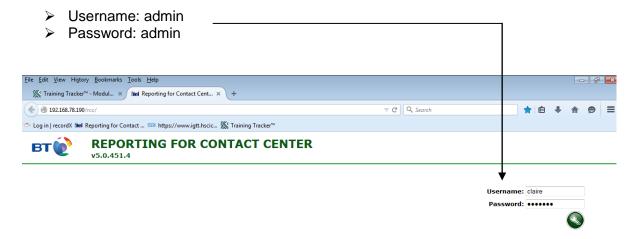
## **BT Reporting for Contact Centre**

#### Introduction

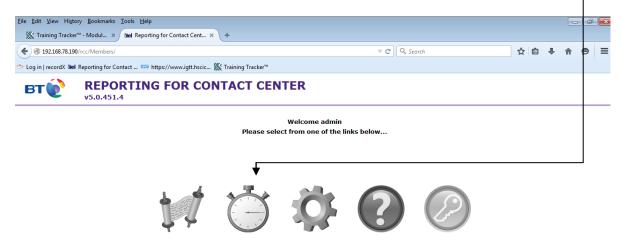
The RCC is a tool attached to the telephony system which enables the user to see up to the minute data. This includes what calls are coming through on which skillset, if there are any calls waiting and if so for how long. It will also indicate what agents are logged on and what their status is (busy, not available, on a call). The purpose of this guide will help user's monitor the call and agent activity, enabling us to hit the National Quality Requirement for call handling (NQR8)

#### How to use the RCC

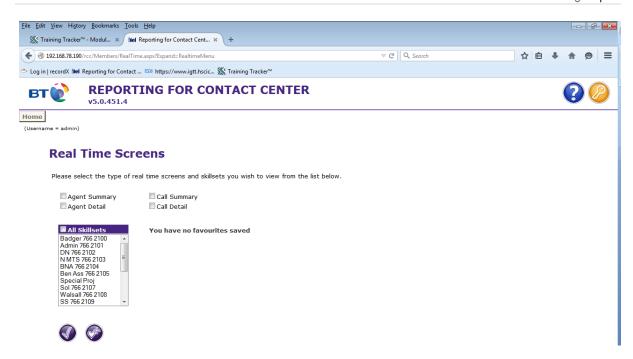
1. To log in, use the following details:



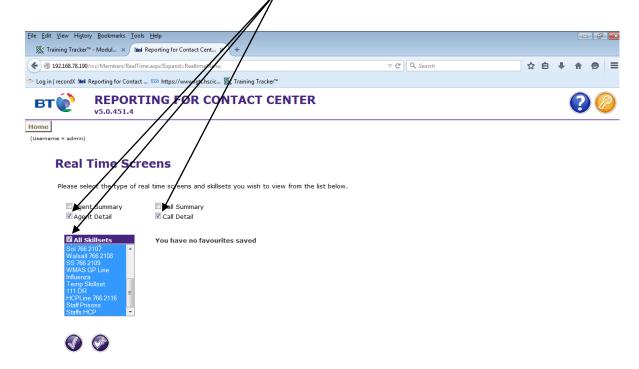
2. You will be presented with the following home screen. Click on the icon below:



The Real Time screen option page will now be available.



Tick the three boxes as shown below:

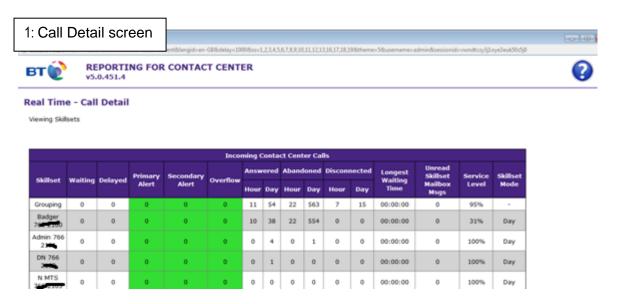


The Agent Detail will show you the status of the Call Handler as explained on the following page.

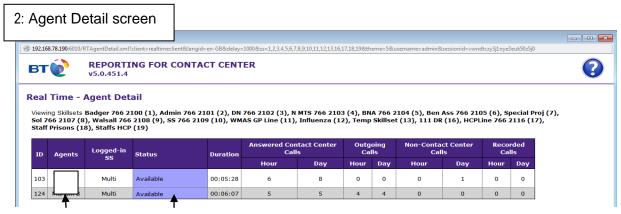
The Call Detail

Next click on the  $\sqrt{\phantom{a}}$ 

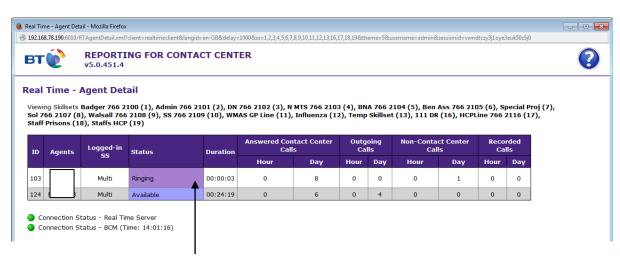
The following two screens will now be available.



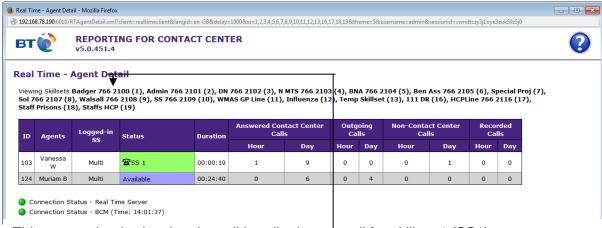
The screen shows there are no calls waiting. A sea of green is what you want to see. If the boxes were yellow or red, this would mean the patients have been waiting longer than the requirement time of 30 seconds (3 rings).



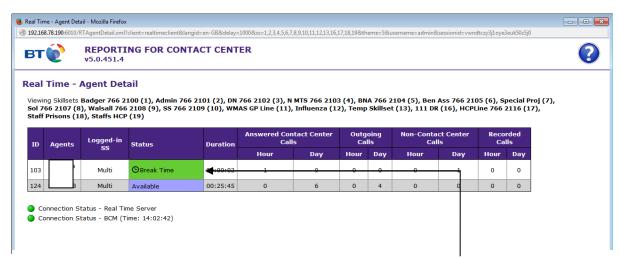
This screen shows who is logged into the phones and what their status is. The screen shot shows there are two call handlers logged in and they are both available.



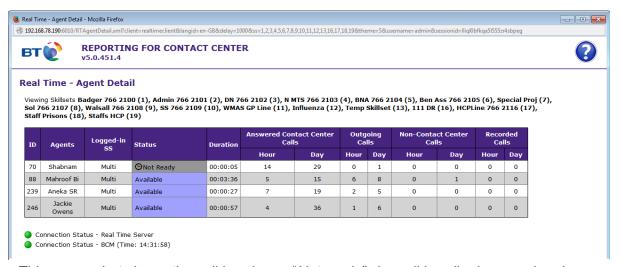
This screenshot is showing the phone is ringing for one of the call handlers



This screenshot is showing the call handler is on a call for skillset 1 (SS1)



The call has now finished and the call handler has 30 seconds *Break Time* to finish documenting the details before he/she automatically goes on to available.



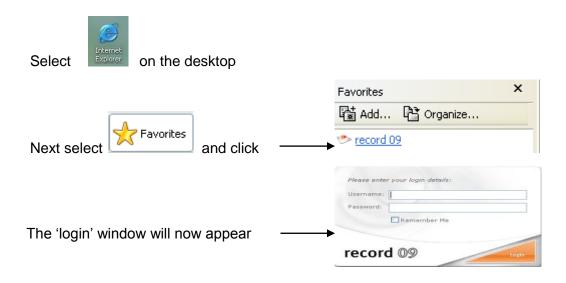
This screenshot shows the call hander as "Not ready", the call handler has put the phone on "busy". If the call hander is sat at their work station they should always be "available" unless they are dealing with a problem.

### Record 09

#### Introduction

Team Leaders have the facility to access call recordings through *Record 09*. The benefit to having this means that you are be able to listen to a call to check a telephone number if you have been unable to contact a patient, or if the number that has been given is incorrect. You will also be using *Record 09* for coaching purposes. Only the team leader who is on duty at mission control will be able to access the *Record 09*. The calls received on the call centre floor will be the **only** calls accessible.

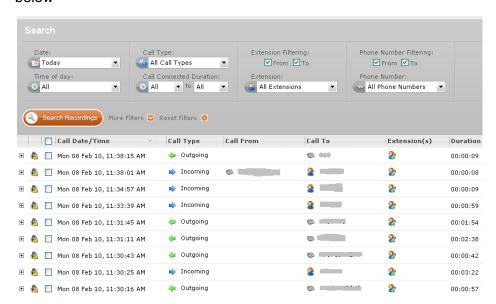
#### The Process



Now enter the Username: teamleader

Password: teamleader

Once you have logged in successfully the main 'calls search' page will open as shown below



## **Using the Control Panel**

Search			
Date:  12 Today  Time of day:	Call Type:	Extension Filtering:  From To  Extension:	Phone Number Filtering:  From To  Phone Number:
▼ All ▼  Search Recordings More	V All V to All V Filters ✓ Reset Filters ✓	All Extensions	All Phone Numbers

Date

Select the *Date* from the drop down menu: for example you may choose *Today* or you can *customise*.

Select custom from the drop down menu and choose a date range

Time of Day

Select custom from the drop down menu and choose a time range

Call Types

Select incoming or outgoing call types

Extension

Select extension number

Phone

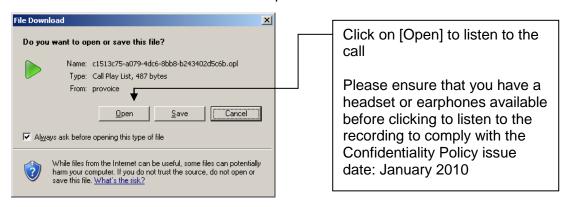
Enter the desired phone number. To improve the search function you can use the \* as a wildcard for example – if you were searching for 07983426117 you can search using \*426117

```
Options for input:
Ranges (607001-607019)
Comma Separated (607012,607013,607014)
Wildcards (607*)
```

The \* will search all numbers ending with 426117

Once you have entered the filters and clicked on the search recordings button and call recording will appear under the control panel

Click on the and a new window will open as shown below



The recording automatically starts to play as soon as the file has been downloaded. See the screen below.



## Where to locate information:

Special Project	STB	Ops Manual
Walsall Palliative Care	69	
Lichfield Palliative Care	47	
Walsall Swift Discharge	38	
Lordswood Special Scheme		SP09
AVS Home Visiting Service	59	
Birmingham Prison		R05
New Bridge House		SP10
St Giles Clerking	69	
Badger Out of Hours IT Equipment Faulty Reporting		A05
Adastra V3-Service Continuity		A06
Systems Used for Special Patient Notes (SPN)		A07
Contacting the Medical Director and On call Manager		E04
NHS 111 Safety Net Procedure		E17
Translation Services		P01
Patients who Cannot be Contacted by Telephone		S01
Using the Text Feature in Rotamaster		S06
Lordswood Special Scheme		SP09

This information can be located on Adastra, within the Communication tab. You should familiarise yourself on the location of the above procedures.

## **Version Control:**

Date	Change Details	Changed by
06/05/2015	Original version	Training Dept
24/06/2015	Front page updated	CY
16//12/15	Reviewed – no changes	CY